Application Data Sheet

Applicant Authority Type::

Application Information Application number:: Filing Date:: Application Type:: Regular Subject Matter:: Utility Suggested classification:: Suggested Group Art Unit:: CD-ROM or CD-R??:: Number of CD disks:: Number of copies of CDs:: Sequence Submission:: Computer Readable Form (CRF)?:: Number of copies of CRF:: Title:: ROLL-PITCH-ROLL SURGICAL TOOL Attorney Docket Number:: 017516-006711US Request for Early Publication:: No Yes Request for Non-Publication:: Suggested Drawing Figure:: 10 Total Drawing Sheets:: Small Entity?:: Yes Latin name:: Variety denomination name:: Petition included?:: No Petition Type:: Licensed US Govt. Agency:: Contract or Grant Numbers One:: No Secrecy Order in Parent Appl.:: **Applicant Information**

Inventor

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Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Tracey

Middle Name:: A.

Family Name:: Morley

Name Suffix::

City of Residence:: Sunnyvale

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 982 Coeur d'Alene Way

City of Mailing Address:: Sunnyvale

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94087

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Daniel

Middle Name:: T.

Family Name:: Wallace

Name Suffix::

City of Residence:: Redwood City

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 621 Glenloch Way

City of Mailing Address:: Redwood City

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94062

Correspondence Information

Correspondence Customer Number:: 20350

Representative Information

Representative Customer Number:: 20350

Domestic Priority Information

Application:: Continuity Type:: Parent Application:: Parent Filing Date::

This application is a Divisional of 10/340,129 01/10/2003

Foreign Priority Information

Country:: Application number:: Filing Date::

Assignee Information

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::

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